			Application or Docket Number									
	PATENT	APPLICATION Effec	ON FEE D tive Octob	RD	10/697, 989							
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												THAN
(Column 1) (Column 2)							TYPE			OR	SMALL	
TOTAL CLAIMS			12				RA	ΓE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 385.00		OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			ル minus 20=		*		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∫ minus 3 =		*		X4	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+14	5-	<b>†</b>	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								AL	<del> </del> -	OR	TOTAL	170
CLAIMS AS AMENDED - PART II								,	L	] (1)	OTHER	
(Column 1) (Column 2) (Column 3)							SMA	<b>NLL</b>	ENTITY	OR	SMALL	
AMENDMENT A	2/20/01	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RA	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /4	Minus	2	0	6	X\$	9=		OR	X\$18=	
	Independent	. 3	Minus	***	3 <	6	X43	l=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	 5=		OR	A290=	
								TAL			TOTAL	7
		ADDIT.	FEE .	- :-	. ·	ADDIT FEE						
<u> </u>		(Column 1) CLAIMS	I	(Colun	EST	(Column 3)			ADDI-		·	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RAT	Έ	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	-	X43	=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	j=		OR	+290 <u>÷</u>	
TOTAL ADDIT. FEE									OB !	TOTAL		
(Column 1) (Column 2) (Column 3)								-66 (		•	ADDIT. FEE	
	_	CLAIMS		HIGHE	ST			- 1	ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RAT	Ε	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	44		= .	X\$ 9	=	•	OR	X\$18=	
	Independent	*	Minus	***		=	X43	_		OR.	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		445	-			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OF CHILD IN THIS SPACE IS less than 3, enter "3."										OR,	DDIT. FEE	
		ber Previously Paid					found in th	e app	ropriate box	in col	umn 1.	İ